Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF OHIO	_	
Case number (if known)	_ Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

04/20

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pai	rt 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on	Sileema	
	your government-issued picture identification (for example, your driver's	First name	First name
	license or passport).	Middle name	Middle name
	Bring your picture	Scales	
	identification to your meeting with the trustee.	Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years		
	Include your married or maiden names.	Sileema P. Scales	
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-0455	

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):		
4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names		■ I have not used any business name or EINs.	☐ I have not used any business name or EINs.		
		Business name(s)	Business name(s)		
		EIN	EIN		
5.	Where you live	1006 Quarry Drive	If Debtor 2 lives at a different address:		
		Cleveland Heights, OH 44121 Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code		
		Cuyahoga			
		County If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	County If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.		
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code		
Why you are choosing this district to file for bankruptcy		Check one: Over the last 180 days before filing this petition,	Check one: Over the last 180 days before filing this petition, I		
		I have lived in this district longer than in any other district.	have lived in this district longer than in any other district.		
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)		

Deb	tor 1	Sileema Scales				_	Case	number (if known)	
Pari	2:	Tell the Court About \	our Bank	ruptcv Ca	se				
7.	The	chapter of the cruptcy Code you are	Check or	ne. (For a b	rief description of each, see A go to the top of page 1 and ch			.C. § 342(b) for Individ	uals Filing for Bankruptcy
	choo	sing to file under	■ Chapter 7						
			☐ Chap	ter 11					
			☐ Chap	ter 12					
			☐ Chap	ter 13					
8.	How	you will pay the fee	ab	about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's ch order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card a pre-printed address.				n, cashier's check, or money	
					the fee in installments. If you in Installments (Official Form		e this option, sigr	and attach the Application	ation for Individuals to Pay
			□ I re	equest that t is not requ plies to you	t my fee be waived (You may uired to, waive your fee, and m ir family size and you are unal n to Have the Chapter 7 Filing	request nay do so ole to pay	only if your inco the fee in instal	me is less than 150% (Iments). If you choose	of the official poverty line that this option, you must fill out
9.	Have you filed for bankruptcy within the		□ No.						
		years?	Yes.		Ohio Northern District		0/4.2/4.0		40.45000
				District	(Ch13 Dismissed)	When	8/13/19	Case number	19-15002
				District	Ohio Northern District (Ch13 Dismissed)	When	1/22/18	Case number	18-10338
				District	See Attachment	When		Case number	
10.		iny bankruptcy s pending or being	■ No						
	filed not f you,	by a spouse who is iling this case with or by a business er, or by an	☐ Yes.						
				Debtor				Relationship to y	you
				District		When		Case number, if	
				Debtor		10//		Relationship to	·
				District		When		Case number, if	KIIOWN
11.		ou rent your ence?	■ No.	Go to li					
			☐ Yes.	•	ur landlord obtained an evictio	n judgm	ent against you?		

this bankruptcy petition.

Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it as part of

Deb	otor 1 Sileema Scales				Case number (if known)
ar	Report About Any Bu	sinesses	You Owr	n as a Sole Proprieto	or
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to	Part 4.	
		☐ Yes.	Name	and location of busing	ness
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name	e of business, if any	
	If you have more than one sole proprietorship, use a separate sheet and attach		Numb	per, Street, City, State	e & ZIP Code
	it to this petition.		Chec	k the appropriate box	to describe your business:
				Health Care Busine	ess (as defined in 11 U.S.C. § 101(27A))
				Single Asset Real I	Estate (as defined in 11 U.S.C. § 101(51B))
				Stockbroker (as de	fined in 11 U.S.C. § 101(53A))
				Commodity Broker	(as defined in 11 U.S.C. § 101(6))
				None of the above	
13.	Are you filing under Chapter 11 of the Bankruptcy Code, and are you a small business debtor or a debtor as defined by 11 U.S.C. § 1182(1)?	proceed you are o	under Su choosing t v stateme	bchapter V so that it on the sound of the contract of the cont	ourt must know whether you are a small business debtor or a debtor choosing to can set appropriate deadlines. If you indicate that you are a small business debtor or a chapter V, you must attach your most recent balance sheet, statement of operations, e tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C.
	For a definition of small	■ No.	I am ı	not filing under Chapt	er 11.
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am t Code		1, but I am NOT a small business debtor according to the definition in the Bankruptcy
		☐ Yes.			1, I am a small business debtor according to the definition in the Bankruptcy Code, and I under Subchapter V of Chapter 11.
		☐ Yes.			1, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I Subchapter V of Chapter 11.
Par	t 4: Report if You Own or	Have Any	/ Hazardo	ous Property or Any	Property That Needs Immediate Attention
14.	Do you own or have any	■ No.			
	property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety?	☐ Yes.	What is	the hazard?	
	Or do you own any property that needs immediate attention?			diate attention is why is it needed?	
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where i	s the property?	
					Number, Street, City, State & Zip Code

Debtor 1 Sileema Scales Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15

I am not required to receive a briefing about credit counseling because of:

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

П

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

]	I am not required to receive a briefing about credit
	counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Official Form 101

Deb	otor 1 Sileema Scales				Case num	ber (if known)	
•ar	t 6: Answer These Questi	ons for Re	porting Purposes				
16.	What kind of debts do you have?				ner debts? Consumer debts are defamily, or household purpose."	efined in 11 U.S.C. § 101(8) as "incurred by an	
			☐ No. Go to line 1	6b.			
			■ Yes. Go to line	17.			
					ss debts? Business debts are deb at or through the operation of the b		
			☐ No. Go to line 1	6c.			
			☐ Yes. Go to line	17.			
		16c. –	State the type of de	ebts you owe tha	at are not consumer debts or busin	ess debts	
17.	Are you filing under Chapter 7?	□ No.	I am not filing unde	r Chapter 7. Go	to line 18.		
	Do you estimate that after any exempt property is excluded and	— 163.	are paid that funds		estimate that after any exempt preto distribute to unsecured credito	operty is excluded and administrative expenses rs?	
	administrative expenses are paid that funds will be available for distribution to unsecured creditors?		■ No □ Yes				
18.	How many Creditors do you estimate that you owe?	■ 1-49 □ 50-99 □ 100-199 □ 200-999			□ 1,000-5,000 □ 5001-10,000 □ 10,001-25,000	☐ 25,001-50,000 ☐ 50,001-100,000 ☐ More than100,000	
19.	How much do you estimate your assets to be worth?	□ \$0 - \$50,000 □ \$50,001 - \$100,000 ■ \$100,001 - \$500,000 □ \$500,001 - \$1 million			□ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million	☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion	
20.	How much do you estimate your liabilities to be?	\$100,0	0,000 01 - \$100,000 01 - \$500,000 01 - \$1 million		□ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million	☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion	
•ar	t 7: Sign Below						
or	you	I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.					
		If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.					
					y or agree to pay someone who is be required by 11 U.S.C. § 342(b).	not an attorney to help me fill out this	
I request relief in accordance with				with the chapte	r of title 11, United States Code, sp	pecified in this petition.	
		bankruptcy and 3571.	y case can result in			y or property by fraud in connection with a 0 years, or both. 18 U.S.C. §§ 152, 1341, 1519,	
		Sileema			Signature of Deb	otor 2	
		Executed	on December MM / DD / YY		Executed on	IM / DD / YYYY	

Debtor 1	Sileema Scales	Case number (if known)	

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Keith L. Borders	Date	December 7, 2021
Signature of Attorney for Debtor		MM / DD / YYYY
Keith L. Borders Printed name		
Borders & Gerace LLC		
Firm name		
3401 Enterprise Parkway		
Suite 340		
Beachwood, OH 44122		
Number, Street, City, State & ZIP Code		
Contact phone 216-766-5704	Email address	kblaw123@gmail.com
0073020 OH		
Bar number & State		

Fill in this information to identify your case:				
Debtor 1	Sileema Scales			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		NORTHERN DISTRICT	OF OHIO	
Case number				
(if known)				

☐ Check if this is an amended filing

FORM 101. VOLUNTARY PETITION

Prior Bankruptcy Cases Filed Attachment

District	Case Number	Date Filed
Ohio Northern District (Ch13 Dismissed)	19-15002	8/13/19
Ohio Northern District (Ch13 Dismissed)	18-10338	1/22/18
Ohio Northern District (Ch 7 Discharged)	13-16595	9/17/13

Fill	in this inform	ation to identify your case:				
	otor 1	Sileema Scales				
			Name L	ast Name		
1	otor 2 use if, filing)	First Name Middle	Name L	_ast Name		
Unit	ed States Ban	ruptcy Court for the: NORTHE	RN DISTRICT OF OHIC)		
Cas	e number					
(if kno	own)				_	ck if this is an nded filing
		<u>m 106Sum</u> Xaur Assats and Liel	cilities and Car	tain Statistical Information		
Be a	s complete ar mation. Fill o original form	d accurate as possible. If two m	arried people are filing n complete the inform	together, both are equally responsiblation on this form. If you are filing ame	e for supply	
ran	- Cumma	ize i dui Addeta			Vour	assets
						of what you own
1.	Schedule A/ 1a. Copy line	3: Property (Official Form 106A/B) 55, Total real estate, from Schedu	le A/B		\$	0.00
	1b. Copy line	62, Total personal property, from S	Schedule A/B		\$	112,500.00
	1c. Copy line	63, Total of all property on Schedu	le A/B		\$	112,500.00
Part	2: Summa	ize Your Liabilities				
						liabilities nt you owe
2.		Creditors Who Have Claims Secure total you listed in Column A, Amou		Form 106D) n of the last page of Part 1 of <i>Schedule D</i>	o \$	9,767.55
3.		: Creditors Who Have Unsecured of total claims from Part 1 (priority un		6E/F) ne 6e of <i>Schedule E/F</i>	\$	591.61
	3b. Copy the	total claims from Part 2 (nonpriorit	y unsecured claims) from	m line 6j of <i>Schedule E/F.</i>	\$	113,986.39
				Your total liabilit	ies \$	124,345.55
Part	3: Summa	ize Your Income and Expenses				
4.		our Income (Official Form 106I) mbined monthly income from line 1	2 of Schedule I		\$	5,238.61
5.		our Expenses (Official Form 106J) onthly expenses from line 22c of So			\$	5,909.87
Part	4: Answer	These Questions for Administra	tive and Statistical Re	cords		
6.	-	for bankruptcy under Chapters have nothing to report on this part		box and submit this form to the court with	your other so	chedules.
7.	YesWhat kind of	debt do you have?				
	■ Your de	bts are primarily consumer debt	s. Consumer debts are t	those "incurred by an individual primarily	for a persona	ıl. family, or

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

8,542.04

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total clair	m
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	591.61
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	591.61

Fill in this info	ormation to identify your case	and this filings			
		and this ming.			
Debtor 1	Sileema Scales First Name	Middle Name	Last Name		
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name		
	Bankruptcy Court for the: NOR				
Office Otates E	Sankraptcy Court for the. 14010	THERIT BIOTRIOT OF OTHER			
Case number			-		☐ Check if this is an amended filing
					3
Official F	orm 106A/B				
	ile A/B: Propert	V			12/15
	, separately list and describe items		n asset fits in more than one	category list the asset in	
think it fits best.	Be as complete and accurate as pore space is needed, attach a sepa	ossible. If two married people	are filing together, both are	equally responsible for su	pplying correct
Part 1: Describ	e Each Residence, Building, Land	, or Other Real Estate You Ow	n or Have an Interest In		
1. Do you own o	r have any legal or equitable intere	est in any residence, building,	land, or similar property?		
■ No. Go to P	Part 2				
_	e is the property?				
Part 2: Describ	pe Your Vehicles				
3. Cars, vans, □ No ■ Yes	trucks, tractors, sport utility v	ehicles, motorcycles			
3.1 Make:	Nissan	Who has an interest in the	a property? Check one	Do not deduct secured cla	aims or exemptions. Put
Model:	Altima SL	Debtor 1 only	property: Check one	the amount of any secure Creditors Who Have Clair	
Year:	2014	Debtor 2 only		Current value of the	Current value of the
Approxim Other info	nate mileage: 120000	☐ Debtor 1 and Debtor 2 o	•	entire property?	portion you own?
	's Possession	At least one of the debto	ors and another		
		Check if this is communicated (see instructions)	inity property	\$8,800.00	\$8,800.00
		·			
	aircraft, motor homes, ATVs a pats, trailers, motors, personal w				
.pages you	llar value of the portion you over have attached for Part 2. Write	that number here			\$8,800.00
	e Your Personal and Household I r have any legal or equitable in		ing items?	!	Current value of the portion you own? On not deduct secured claims or exemptions.

D	ebtor 1	Sileema Sca	les Case number (if ki	Case number (if known)			
6.		nold goods and f les: Major applian					
	Yes.	Describe					
			Household Goods and Furnishings, Debtor's Possession	\$2,000.00			
7.	□ No	les: Televisions a including cell	nd radios; audio, video, stereo, and digital equipment; computers, printers, scanners; m phones, cameras, media players, games	usic collections; electronic devices			
	■ Yes.	Describe					
			Misc. Electronics, Debtor's Possession	\$500.00			
8.	Example No		figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stampons, memorabilia, collectibles	coin, or baseball card collections;			
^			ad babbias				
9.	Example	nent for sports and les: Sports, photo musical instru	graphic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; ca	noes and kayaks; carpentry tools;			
	■ No						
	☐ Yes.	Describe					
10			s, shotguns, ammunition, and related equipment				
	■ No □ Yes.	Describe					
11.	. Clothe: Examp		othes, furs, leather coats, designer wear, shoes, accessories				
	Yes.	Describe					
			Wearing Apparel, Debtor's Possession	\$500.00			
			Wearing Apparer, Debitor's Possession				
12.	□ No [′]		welry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, ge	ms, gold, silver			
			Misc. Jewelry, Debtor's Possession	\$100.00			
			•				
13.	Examp	arm animals ples: Dogs, cats,	birds, horses				
	■ No □ Yes	Describe					
14.			d household items you did not already list, including any health aids you did not l	ist			
	■ No □ Yes.	Give specific inf	ormation				
	50.	22 op 00m0 mm					
15			of all of your entries from Part 3, including any entries for pages you have attache number here	d \$3,100.00			

page 2

Debtor 1	Sileema Scales	Case number (if known)			
Part 4: D	Describe Your Financial Assets				
	own or have any legal or equitable interest in a	ny of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.		
□ No	mples: Money you have in your wallet, in your hom	ne, in a safe deposit box, and on hand when you file your petition			
		Cash, Debtor's Possession	\$0.00		
	institutions. If you have multiple accounts v	ints; certificates of deposit; shares in credit unions, brokerage hous with the same institution, list each.	ses, and other similar		
■ Yes	S	Institution name:			
	17.1.	Checking account, Navy Federal Credit Union	\$0.00		
	17.2.	Savings account, Navy Federal Credit Union	\$0.00		
	17.3.	Checking Account, Chase	\$400.00		
	ds, mutual funds, or publicly traded stocks mples: Bond funds, investment accounts with brok	erage firms, money market accounts			
☐ Yes	S Institution or issuer na	ame:			
joint	venture	ated and unincorporated businesses, including an interest in	an LLC, partnership, and		
■ No □ Yes	s. Give specific information about them Name of entity:	 % of ownership:			
Nego	-negotiable instruments are those you cannot trans	iers' checks, promissory notes, and money orders.			
	s. Give specific information about them Issuer name:				
Exar No		3(b), thrift savings accounts, or other pension or profit-sharing plar	ns		
■ Yes	s. List each account separately. Type of account:	Institution name:			
		OPERS, Debtor's Employer	\$100,000.00		
		403b, Debtor's Previous Employer (University Hospitals)	\$200.00		

De	ebtor 1	Sileema Scales		Case numbe	r (if known)	
	Your s	ty deposits and prepayments hare of all unused deposits you ha ples: Agreements with landlords, pr				S
			Institution nam	e or individual:		
		ies (A contract for a periodic paym	ent of money to you, either for life	e or for a number of years)		
	■ No □ Yes	lssuer name and de	escription.			
	26 U.S.	ts in an education IRA, in an acc C. §§ 530(b)(1), 529A(b), and 529		am, or under a qualified state	tuition program.	
	■ No □ Yes	Institution name and	d description. Separately file the i	ecords of any interests.11 U.S.0	C. § 521(c):	
25.	Trusts	, equitable or future interests in	property (other than anything I	sted in line 1), and rights or p	owers exercisable for	your benefit
	■ No □ Yes.	Give specific information about th	em			
26.	Patent	s, copyrights, trademarks, trade oles: Internet domain names, webs	secrets, and other intellectual			
	☐ Yes.	Give specific information about th	em			
	Examp ■ No	es, franchises, and other generables: Building permits, exclusive lic	enses, cooperative association h	oldings, liquor licenses, professi	onal licenses	
		Give specific information about th	em		Cuman	t value of the
IVIC	oney or	property owed to you?			portior Do not	nt value of the n you own? deduct secured or exemptions.
	□ No	funds owed to you Give specific information about the	em, including whether you alread	au filed the returns and the tax ye	ars	
			2021 Tax Refunds		_	Unknown
	Examp ■ No	support oles: Past due or lump sum alimon	y, spousal support, child support,	maintenance, divorce settlemer	nt, property settlement	
	Exam _p ■ No	amounts someone owes you oles: Unpaid wages, disability insur benefits; unpaid loans you ma	ance payments, disability benefit ade to someone else	s, sick pay, vacation pay, worke	ers' compensation, Soci	al Security
31.	Interes	ets in insurance policies bles: Health, disability, or life insura	ance; health savings account (HS	A); credit, homeowner's, or rent	er's insurance	
		Name the insurance company of e Company na		Beneficiary:	Surrei value:	nder or refund

Debtor 1	Sileema Scales	Case number (if known)	
	Term Life Insurance, Debtor's Employer No cash value		\$0.00
If you a some o	terest in property that is due you from someone who has died are the beneficiary of a living trust, expect proceeds from a life insurance one has died. Give specific information	e policy, or are currently entitled to rec	eive property because
33. Claims <i>Exam</i> µ ■ No	s against third parties, whether or not you have filed a lawsuit or moles: Accidents, employment disputes, insurance claims, or rights to sue Describe each claim		
■ No	contingent and unliquidated claims of every nature, including could be be be claim	nterclaims of the debtor and rights to	o set off claims
■ No	nancial assets you did not already list Give specific information		
	the dollar value of all of your entries from Part 4, including any ent art 4. Write that number here		\$100,600.00
Part 5: De	scribe Any Business-Related Property You Own or Have an Interest In. List	any real estate in Part 1.	
37. Do you o	own or have any legal or equitable interest in any business-related property	?	
No. Go	o to Part 6.		
☐ Yes. G	Go to line 38.		
	scribe Any Farm- and Commercial Fishing-Related Property You Own or Harou own or have an interest in farmland, list it in Part 1.	ve an Interest In.	
	own or have any legal or equitable interest in any farm- or commo	ercial fishing-related property?	
_	Go to Part 7.		
☐ Yes	s. Go to line 47.		
Part 7:	Describe All Property You Own or Have an Interest in That You Did Not L	st Above	
Examp	have other property of any kind you did not already list? bles: Season tickets, country club membership		
■ No □ Yes.	Give specific information		
54. Add t	the dollar value of all of your entries from Part 7. Write that number	here	\$0.00

Deb	tor 1 Sileema Scales		Case number (if known)	
Part	8: List the Totals of Each Part of this Form			
55.	Part 1: Total real estate, line 2			\$0.00
56.	Part 2: Total vehicles, line 5	\$8,800.00	_	
57.	Part 3: Total personal and household items, line 15	\$3,100.00		
58.	Part 4: Total financial assets, line 36	\$100,600.00		
59.	Part 5: Total business-related property, line 45	\$0.00		
60.	Part 6: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7: Total other property not listed, line 54	+ \$0.00		
62.	Total personal property. Add lines 56 through 61	\$112,500.00	Copy personal property total	\$112,500.00
63.	Total of all property on Schedule A/B. Add line 55 + line 62			\$112,500.00

Schedule A/B: Property Official Form 106A/B page 6 Best Case Bankruptcy

Fill in this information to identify your case:						
Debtor 1	Sileema Scales					
	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States Bankruptcy Court for the:		NORTHERN DISTRICT	OF OHIO			
Case number				☐ Check if this is an amended filing		

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Pa	rt 1: Identify the Property You Claim as E	xempt						
1.	Which set of exemptions are you claiming?	? Check one only, ever	n if yo	ur spouse is filing with you.				
	■ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)							
	☐ You are claiming federal exemptions. 11 U	J.S.C. § 522(b)(2)						
2.	For any property you list on Schedule A/B	that you claim as exe	mpt,	fill in the information below.				
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption			
		Copy the value from Schedule A/B	Che	ck only one box for each exemption.				
	Household Goods and Furnishings, Debtor's Possession	\$2,000.00		\$2,000.00	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)			
	Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit	2329.00(A)(4)(a)			
	Misc. Electronics, Debtor's Possession	\$500.00		\$500.00	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)			
	Line from Schedule A/B: 7.1			100% of fair market value, up to any applicable statutory limit	2323.00(A)(4)(a)			
	Wearing Apparel, Debtor's	\$500.00		\$500.00	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)			
	Line from Schedule A/B: 11.1			100% of fair market value, up to any applicable statutory limit	2323.00(A)(4)(a)			
	Misc. Jewelry, Debtor's Possession	\$100.00		\$100.00	Ohio Rev. Code Ann. § 2329.66(A)(4)(b)			
	Line nom Schedule A/B. 12.1	_		100% of fair market value, up to any applicable statutory limit	2020.00(1)(1)(0)			

Official Form 106C

Credit Union

Schedule C: The Property You Claim as Exempt

\$0.00

page 1 of 2

Best Case Bankruptcy

Ohio Rev. Code Ann. §

2329.66(A)(3)

\$100.00

100% of fair market value, up to any applicable statutory limit

Checking account, Navy Federal

Line from Schedule A/B: 17.1

De	ebtor 1 Sileema Scales			Case number (if known)		
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption	
		Copy the value from Schedule A/B	Che	ck only one box for each exemption.		
	Checking Account, Chase Line from Schedule A/B: 17.3	\$400.00		\$400.00	Ohio Rev. Code Ann. §	
	Line Holli Golleddie A/D. 17.3			100% of fair market value, up to any applicable statutory limit	2020.00(A)(0)	
	OPERS, Debtor's Employer Line from Schedule A/B: 21.1	\$100,000.00		\$100,000.00	Ohio Rev. Code Ann. §§ 2329.66(A)(10)(a), 521.09, 145.56, 145.75, 145.13, 742.47, 3307.71 Ohio Rev. Code Ann. § 2329.66(A)(10)(b)	
	Line Holli Scredule A/B. 21.1			100% of fair market value, up to any applicable statutory limit	145.56, 145.75, 145.13, 742.47,	
	403b, Debtor's Previous Employer (University Hospitals)	\$200.00		\$200.00		
	Line from Schedule A/B: 21.2			100% of fair market value, up to any applicable statutory limit	2020.00(\(\alpha\)(\(\text{10}\)(\(\text{10}\)	
3.	Are you claiming a homestead exemption (Subject to adjustment on 4/01/22 and every No			led on or after the date of adjustme	nt.)	
	☐ Yes. Did you acquire the property cover	ed by the exemption wi	thin 1	.215 days before you filed this case	?	
	□ No			, , ,		
	☐ Yes					

Fill in this inf	ormation to identify you	ır case:				
Debtor 1	Sileema Scales					
	First Name	Middle Name	Last Name			
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name			
United States	Bankruptcy Court for the:	NORTHERN DISTRICT OF OR	HIO			
Case number						
(if known)						if this is an led filing
					amend	eu illing
Official Fo						
Schedul	e D: Creditors	Who Have Claims	Secured	l by Property	y	12/15
is needed, copy number (if know	the Additional Page, fill it on).	If two married people are filing togethout, number the entries, and attach it				
'	ors have claims secured by					
_		his form to the court with your other	r schedules. Yo	u have nothing else to	o report on this form.	
	II in all of the information	below.				
Part 1: Lis	t All Secured Claims			Column A	Column B	Column C
for each claim.	If more than one creditor has	nore than one secured claim, list the cre a particular claim, list the other creditor cal order according to the creditor's nam	s in Part 2. As	Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion
2.1 Americ Service	redit Financial es dba	Describe the property that secures	the claim:	\$9,767.55	\$8,800.00	\$967.55
Creditor's N		2014 Nissan Altima SL 1200 Debtor's Possession	000 miles			
GM Fin P.O. Bo	ancıaı ox 182853	As of the date you file, the claim is: apply.	Check all that			
Arlingt	on, TX 76096	Contingent				
Number, St	reet, City, State & Zip Code	Unliquidated				
Who owes the	debt? Check one.	☐ Disputed Nature of lien. Check all that apply.				
■ Debtor 1 onl	V	☐ An agreement you made (such as	mortgage or secu	ured		
Debtor 2 onl		car loan)				
Debtor 1 and	Debtor 2 only	☐ Statutory lien (such as tax lien, me	chanic's lien)			
	of the debtors and another	☐ Judgment lien from a lawsuit				
☐ Check if thi community	s claim relates to a debt	Other (including a right to offset)	Purchase M	loney Security		
Date debt was	incurred <u>1/2014</u>	Last 4 digits of account num	ber XXXX			
	•	olumn A on this page. Write that num		\$9,76	7.55	
If this is the I Write that nu	7.55					

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

page 1 of 1

Fill	in this inforn	nation to identify your case	e:					
	otor 1	Sileema Scales						
Der	5101 1	First Name	Middle Name	Last Nam	e			
	otor 2	First Name	Middle Niews	LastName	_			
(Spo	ouse if, filing)	First Name	Middle Name	Last Nam	9			
Uni	ted States Bai	nkruptcy Court for the: N	ORTHERN DISTRICT	OF OHIO				
	se number _							
(if kn	nown)						_	if this is an led filing
								ica iiii ig
	icial Forn							
<u>Sc</u>	hedule E	/F: Creditors Who	Have Unsec	ured Claim	S			12/15
Sche left. nam	edule D: Credito Attach the Con e and case nun	tory Contracts and Unexpired ors Who Have Claims Secured tinuation Page to this page. If nber (if known). Il of Your PRIORITY Unsec	by Property. If more s you have no information	pace is needed, co	py the Pai	rt you need, fill it out,	number the entries in	n the boxes on the
1.	Do any credito	ors have priority unsecured cla	ims against you?					
	☐ No. Go to P	art 2.						
	Yes.							
2.	identify what typ possible, list the	priority unsecured claims. If a oe of claim it is. If a claim has be e claims in alphabetical order ac than one creditor holds a particu	th priority and nonpriority cording to the creditor's	y amounts, list that on name. If you have m	claim here	and show both priority	and nonpriority amoun	ts. As much as
		ation of each type of claim, see t			booklet.)			
						Total claim	Priority amount	Nonpriority amount
2.1		epartment of Taxation	Last 4 digits o	of account number	XXXX	\$591.61	Unknown	Unknown
	ATTŃ: E P.O. Bo	editor's Name Bankruptcy Division x 530 ous. OH 43266-0030	When was the	debt incurred?	2016		_	
		treet City State Zip Code	As of the date	you file, the claim	is: Check	all that apply		
	Who incurred	d the debt? Check one.	☐ Contingent					
	Debtor 1 o	only	☐ Unliquidate	d				
	Debtor 2 o	only	☐ Disputed					
	Debtor 1 a	and Debtor 2 only	Type of PRIOR	RITY unsecured cla	im:			
	☐ At least on	ne of the debtors and another	☐ Domestic s	upport obligations				
	☐ Check if t	his claim is for a community		certain other debts		•		
		subject to offset?	☐ Claims for o	death or personal in	ury while y	ou were intoxicated		
	■ No		Other. Spec					
	☐ Yes			Delinquen	t Tax De	ebt		
Par	t 2: List Al	II of Your NONPRIORITY U	nsecured Claims					
3.	Do any creditors have nonpriority unsecured claims against you?							
	☐ No. You hav	ve nothing to report in this part.	Submit this form to the co	ourt with your other	schedules.			
	Yes.							
	unsecured clair	nonpriority unsecured claims n, list the creditor separately for or holds a particular claim, list th	each claim. For each cla	im listed, identify w	nat type of	claim it is. Do not list c	aims already included	in Part 1. If more

Total claim

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Page 1 of 20

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39316

Sileema Scales	Case number (if known)	
13/7, LLC	Last 4 digits of account number XXXX	\$1,000.00
Nonpriority Creditor's Name P.O. Box 1931 Burlingame, CA 94011	When was the debt incurred? 2018	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
Debtor 1 only	☐ Contingent	
☐ Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
\square Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did no report as priority claims	ot
No	Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify Loan	
Active Environmental	Last 4 digits of account number	\$129.60
Nonpriority Creditor's Name P.O. Box 736025 Dallas. TX 75373	When was the debt incurred? 2021	_
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
☐ Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community debt	☐ Student loans	
Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did no report as priority claims	ot
■ No	Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify Pest Control	
Allied Interstate	Last 4 digits of account number XXXX	\$1,004.00
Nonpriority Creditor's Name P.O. Box 361445 Columbus, OH 43236	When was the debt incurred? 2017	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	$\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did no report as priority claims	ot
■ No	$\hfill \square$ Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	■ Other. Specify Collections for Fifth Third Bank	

Schedule E/F: Creditors Who Have Unsecured Claims

Page 2 of 20

Debtor	1 Sileema Scales		Case number (if known)	
.4	American Profit Recovery Nonpriority Creditor's Name	Last 4 digits of account number	xxxx	\$82.95
	34505 West 12 Mile Road Suite 333	When was the debt incurred?	2017	
	Farmington, MI 48331			
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	_		
	Debtor 1 only	Contingent		
	Debtor 2 only	Unliquidated		
	Debtor 1 and Debtor 2 only	Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community debt	☐ Student loans		
	Is the claim subject to offset?	Obligations arising out of a separe report as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	Yes	Other. Specify Collections	s for Weedman	
5	Atlas Acquisitions	Last 4 digits of account number	xxxx	\$650.00
	Nonpriority Creditor's Name			·
	294 Union St. Hackensack, NJ 07601	When was the debt incurred?	2019	
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims		
	■ No	Debts to pension or profit-sharir	ng plans, and other similar debts	
	Yes	Other. Specify Collections	<u> </u>	
6	Capital One Bank	Last 4 digits of account number	xxxx	\$697.00
	Nonpriority Creditor's Name			·
	P.O. Box 31293 Salt Lake City, UT 84131	When was the debt incurred?	2019	
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	☐ Yes	■ Other. Specify Credit card	l purchases	

Schedule E/F: Creditors Who Have Unsecured Claims

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Debtor	1 Sileema Scales	Case number (if known)	
4.7	Chamberlin College of Nursing	Last 4 digits of account number XXXX	\$1,400.00
	Nonpriority Creditor's Name 3005 Highland Pkwy Downers Grove, IL 60515	When was the debt incurred? 2015	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	□ Debts to pension or profit-sharing plans, and other similar debts	
		• • • • • • • • • • • • • • • • • • • •	
	Yes	Other. Specify Tuition	
4.8	City of Cleveland	Last 4 digits of account numberXXXX	\$70.00
	Nonpriority Creditor's Name Parking Violations Bureau	When was the debt incurred? 2017	
	P.O. Box 99939 Cleveland, OH 44199-0939		
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	lacksquare Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Parking Violations	
4.9	City of Cleveland	Last 4 digits of account number XXXX	\$35.00
	Nonpriority Creditor's Name Parking Violations Bureau	When was the debt incurred? 2018	
	P.O. Box 99939 Cleveland, OH 44199-0939		
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	•	
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	\square Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Parking violations	

Schedule E/F: Creditors Who Have Unsecured Claims

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		· · · · · · · · · · · · · · · · · · ·	
Cleveland State University	Last 4 digits of account number	xxxx	\$3,136.00
Nonpriority Creditor's Name Bursar's Office 2121 Euclid Avenue Cleveland, OH 44115	When was the debt incurred?	2016	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
Debtor 1 only	Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:	
☐ Check if this claim is for a community		ration agreement or divorce that you did not	
s the claim subject to offset?	report as priority claims Debts to pension or profit-sharin	r plane, and other circiler debte	
No No	, ,	g plans, and other similar debts	
□ Yes	Other. Specify Tuition		
Collection Associates	Last 4 digits of account number	xxxx	\$1,125.00
Nonpriority Creditor's Name P.O. Box 465 Brookfield, WI 53008	When was the debt incurred?	2017	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	□ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt s the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
No	Debts to pension or profit-sharin	g plans, and other similar debts	
☐ Yes	Other. Specify Collections	for Ohio Acceptance	
Comenity Bank/Ashley Stewart Nonpriority Creditor's Name	Last 4 digits of account number	xxxx	\$639.00
P.O. Box 182789 Columbus, OH 43218	When was the debt incurred?	2014	
Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply	
Who incurred the debt? Check one.			
Debtor 1 only	☐ Contingent		
Debtor 2 only	Unliquidated		
Debtor 1 and Debtor 2 only	Disputed	l alaim.	
At least one of the debtors and another	Type of NONPRIORITY unsecured ☐ Student loans	ı cıaım:	
☐ Check if this claim is for a community debt sthe claim subject to offset?	_	ration agreement or divorce that you did not	
<u> </u>	Debts to pension or profit-sharin	n plans, and other similar debts	
No	Debis to pension of profit-shariff	g plans, and other similar acous	

Schedule E/F: Creditors Who Have Unsecured Claims

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Sileema Scales	Case number (if known)	
Comenity Bank/NY & Co	Last 4 digits of account number XXXX	\$512.0
Nonpriority Creditor's Name P.O. Box 182789 Columbus, OH 43218	When was the debt incurred? 2014	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	Other. Specify Credit card purchases	
Convergent Outsourcing	Last 4 digits of account number XXXX	\$725.0
Nonpriority Creditor's Name		
P.O. Box 9004 Renton, WA 98057-9004	When was the debt incurred? 2017	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	,	
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
No	☐ Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	Other. Specify Collections for Sprint	
Credit Acceptance	Last 4 digits of account number XXXX	\$11,378.0
Nonpriority Creditor's Name	Later 4 digits of docount fidinger	Ţ,c. O .
25505 West 12 Mile Road #3000	When was the debt incurred? 2/2017	
Southfield, MI 48034 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	7.6 of the date year mo, the damine. Oneok an that apply	
☐ Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
■ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
— 110	_ Co-signer on auto loan	
□ Yes	Other. Specify Ford	

Schedule E/F: Creditors Who Have Unsecured Claims

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Sileema Scales	Case number (if known)	Case number (if known)		
Credit One Bank Nonpriority Creditor's Name	Last 4 digits of account number XXXX	\$642.00		
P.O. Box 98872 Las Vegas, NV 89193	When was the debt incurred? 2019			
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply			
■ Debtor 1 only	☐ Contingent			
Debtor 2 only	☐ Unliquidated			
Debtor 1 and Debtor 2 only	☐ Disputed			
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:			
☐ Check if this claim is for a community	☐ Student loans			
debt Is the claim subject to offset?	\square Obligations arising out of a separation agreement or divorce that you did n report as priority claims	ot		
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts			
Yes	Other. Specify Credit card purchases			
CSHFLW Properties 4 LLC	Last 4 digits of account number XXXX	\$5,317.0		
Nonpriority Creditor's Name				
5005 Rockside Road Suite 600	When was the debt incurred? 2017			
Independence, OH 44131				
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply			
Who incurred the debt? Check one.				
Debtor 1 only	☐ Contingent			
☐ Debtor 2 only	☐ Unliquidated			
☐ Debtor 1 and Debtor 2 only	☐ Disputed			
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:			
Check if this claim is for a community	☐ Student loans			
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did n report as priority claims	ot		
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts			
Yes	■ Other. Specify Apartment lease deficiency			
O				
Cuyahoga Community College c/o Nonpriority Creditor's Name	Last 4 digits of account number XXXX	\$780.5		
The Attorney General of Ohio P.O. Box 89471	When was the debt incurred? 2017			
Cleveland, OH 44101 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply			
Who incurred the debt? Check one.	As of the date you me, the claim is. Check all that apply			
■ Debtor 1 only	☐ Contingent			
Debtor 2 only	☐ Unliquidated			
Debtor 1 and Debtor 2 only	☐ Disputed			
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:			
☐ Check if this claim is for a community	☐ Student loans			
debt	☐ Obligations arising out of a separation agreement or divorce that you did n	ot		
Is the claim subject to offset?	report as priority claims			
■ No	\square Debts to pension or profit-sharing plans, and other similar debts			
☐ Yes	Other. Specify Tuition			

Schedule E/F: Creditors Who Have Unsecured Claims

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Sileema Scales		
DentalWorks	Last 4 digits of account number XXXX	\$24.0
Nonpriority Creditor's Name P.O. Box 64-3005 Cincinnati, OH 45264-3008	When was the debt incurred? 2019	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	, , , , , , , , , , , , , , , , , , , ,	
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	□ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt s the claim subject to offset?	\square Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
No	Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify Dental Service	
Dominion East Ohio	Last 4 digits of account number 9422	\$2,400.0
Nonpriority Creditor's Name		
P.O. Box 5759 Cleveland, OH 44101	When was the debt incurred? 2014	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt s the claim subject to offset?	\square Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
No	lacksquare Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify Utility service	
Duke Capital, LLC/Ohio Acceptance	Last 4 digits of account number XXXX	\$0.0
Nonpriority Creditor's Name		
Collections Associates P.O. Box 465	When was the debt incurred? 2018	
Brookfield, WI 53008		
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt is the claim subject to offset?	$\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
No	lacksquare Debts to pension or profit-sharing plans, and other similar debts	
□ Yes	Other. Specify Notice	

Schedule E/F: Creditors Who Have Unsecured Claims

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1 Sileema Scales	Case number (if known)				
Enhanced Recovery	Last 4 digits of account number	xxxx	\$1,289.0		
Nonpriority Creditor's Name P.O. Box 57547 Jacksonville, FL 32241	When was the debt incurred?	2017			
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply			
■ Debtor 1 only	☐ Contingent				
Debtor 2 only	☐ Unliquidated				
Debtor 1 and Debtor 2 only	☐ Disputed				
At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:			
☐ Check if this claim is for a community	☐ Student loans				
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not			
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts			
Yes	■ Other. Specify Collections	s for Charter Communications			
Great American Finance	Last 4 digits of account number	xxxx	\$1,790.		
Nonpriority Creditor's Name 20 North Wacker Dr.	When was the debt incurred?	2015			
Suite 2275	When was the debt incurred:	2013			
Chicago, IL 60606 Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply			
Who incurred the debt? Check one.	As of the date you me, the dam	is. Shook all that apply			
■ Debtor 1 only	☐ Contingent				
Debtor 2 only	☐ Unliquidated				
Debtor 1 and Debtor 2 only	☐ Disputed				
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:			
☐ Check if this claim is for a community	☐ Student loans				
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not			
■ No	Debts to pension or profit-sharir	ng plans, and other similar debts			
_ 110	_ Charge acc				
Yes	Other. Specify Judgment				
IC Systems Collections	Last 4 digits of account number	xxxx	\$684		
Nonpriority Creditor's Name P.O. Box 64378 Saint Paul, MN 55164-0378	When was the debt incurred?	2017			
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply			
■ Debtor 1 only	☐ Contingent				
Debtor 2 only	☐ Unliquidated				
☐ Debtor 1 and Debtor 2 only	☐ Disputed				
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:			
☐ Check if this claim is for a community	☐ Student loans				
debt		aration agreement or divorce that you did not			
Is the claim subject to offset?	report as priority claims Debts to pension or profit-sharir	og plans, and other similar debts			
■ No					
Yes	■ Other. Specify Collections	stor T-Mobile			

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1 Sileema Scales		Case number (if known)	
Illuminating Company	Last 4 digits of account number	1093	\$1,320.00
Nonpriority Creditor's Name 6896 Miller Rd. Room 213 Brecksville, OH 44141	When was the debt incurred?	2014	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
Debtor 1 only	☐ Contingent☐ Unliquidated		
☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	☐ Debts to pension or profit-sharin	ng plans, and other similar debts	
Yes	Other. Specify Utility servi	ice	
LVNV Funding	Last 4 digits of account number	xxxx	\$0.00
Nonpriority Creditor's Name P.O. Box 10584 Greenville, SC 29603-0584	When was the debt incurred?	2021	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
Yes	Other. Specify Notice		
MOHELA/Dept. of Education Nonpriority Creditor's Name	Last 4 digits of account number	xxxx	\$36,174.00
633 Spirit Drive Chesterfield, MO 63005	When was the debt incurred?	2001-2020	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
■ Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	□ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community debt		aration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims		
No	☐ Debts to pension or profit-sharin	•	
□ Yes	Other. Specify Student Lo	ans	

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Debtor	1 Sileema Scales		Case number (if known)	
4.2	National Credit Adjusters	Last 4 digits of account number	xxxxx	\$2,800.00
	Nonpriority Creditor's Name P.O. Box 3023 327 W. 4th St.	When was the debt incurred?	2019	
-	Hutchinson, KS 67504-3023 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	Other. Specify Collections		
4.2	Navy Federal Credit Union	Last 4 digits of account number	хххх	\$581.00
	Nonpriority Creditor's Name P.O. Box 3000 Merrifield, VA 22119-3700	When was the debt incurred?	2014	
-	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharin	g plans, and other similar debts	
	□ Yes	Other. Specify Credit card		
	Navidaniah Haliah (* Dallas			
0	Newburgh Heights Police Department Nonpriority Creditor's Name	Last 4 digits of account number	xxxx	\$230.00
	Citations Processing Center P.O. Box 7200	When was the debt incurred?	2017	
-	Beverly, MA 01915 Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply	
	Who incurred the debt? Check one.		,	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured		
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Civil Violation		

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Sileema Scales		Case number (if known)	
NPRTO Ohio LLC	Last 4 digits of account number	xxxx	\$1,489.0
Nonpriority Creditor's Name 256 W Data Drive Draper, UT 84020	When was the debt incurred?	2019	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community debt	☐ Student loans☐ Obligations arising out of a sepa	ration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims		
No	Debts to pension or profit-sharing	g plans, and other similar debts	
Yes	Other. Specify Loan		
Plaza Services	Last 4 digits of account number	xxxx	\$1,007.0
Nonpriority Creditor's Name			
110 Hammond Drive Atlanta, GA 30328	When was the debt incurred?	2015	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
Debtor 1 only	Пол		
_	☐ Contingent		
Debtor 2 only	Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured	d claim:	
☐ At least one of the debtors and another	Student loans	u Ciaiii.	
☐ Check if this claim is for a community debt Is the claim subject to offset?		aration agreement or divorce that you did not	
No	Debts to pension or profit-sharin	a plans, and other similar debts	
■ No □ Yes	Other. Specify Collections		
	- Other. Specify		
Portfolio Recovery Nonpriority Creditor's Name	Last 4 digits of account number	xxxx	\$570.0
120 Corporate Blvd. Suite 100	When was the debt incurred?	2016	
Norfolk, VA 23502			
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
☐ Yes	Other. Specify Collections		

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Sileema Scales	Case number (if known)			
Portfolio Recovery	Last 4 digits of account number	xxxx	\$502.0	
Nonpriority Creditor's Name 120 Corporate Blvd. Suite 100 Norfolk, VA 23502	When was the debt incurred?	2016		
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply			
Debtor 1 only	☐ Contingent			
☐ Debtor 2 only	☐ Unliquidated			
☐ Debtor 1 and Debtor 2 only	☐ Disputed			
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
☐ Check if this claim is for a community	☐ Student loans			
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	ebts	
☐ Yes	Other. Specify Collections	s for Comenity Bank		
Portfolio Recovery	Last 4 digits of account number	xxxx	\$477.00	
Nonpriority Creditor's Name			Ψο	
P.O. Box 12914 Norfolk, VA 23541	When was the debt incurred?	2020		
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply			
Who incurred the debt? Check one.				
Debtor 1 only	☐ Contingent			
Debtor 2 only	☐ Unliquidated			
Debtor 1 and Debtor 2 only	☐ Disputed			
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:			
☐ Check if this claim is for a community	☐ Student loans			
debt Is the claim subject to offset?	 ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Collections for Comenity Bank			
■ No				
☐ Yes				
Portfolio Recovery	Last 4 digits of account number	xxxx	\$455.00	
Nonpriority Creditor's Name P.O. Box 12914	When was the debt incurred?	2020	*********	
Norfolk, VA 23541				
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply			
Debtor 1 only	☐ Contingent			
☐ Debtor 2 only	☐ Unliquidated			
☐ Debtor 1 and Debtor 2 only	☐ Disputed			
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:			
☐ Check if this claim is for a community	☐ Student loans			
debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
■ No	Debts to pension or profit-sharing plans, and other similar debts			
□ Yes	■ Other. Specify Collections for Comenity Bank			

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	Case number (if known)		
Premier Bankcard, LLC	Last 4 digits of account number	xxxx	\$936.68
Nonpriority Creditor's Name c/o Jefferson Capital Systems, LLC P.O. Box 7999 Saint Cloud, MN 56302	When was the debt incurred?	2019	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply		
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a sena	aration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	tration agreement of divorce that you did not	
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
Yes	Other. Specify Credit card	purchases	
Regional Acceptance	Last 4 digits of account number	xxxx	\$13,145.00
Nonpriority Creditor's Name P.O. Box 1847	When was the debt incurred?	2014	
Wilson, NC 27894-1847 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
☐ Check if this claim is for a community			
debt Is the claim subject to offset?			
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
Yes	Car loan de Judgment	eficiency	
Rushmore Service Center	Last 4 digits of account number	xxxx	\$936.00
Nonpriority Creditor's Name P.O. Box 5508	When was the debt incurred?	2019	
Sioux Falls, SD 57117 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply		
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:		
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
■ No	Debts to pension or profit-sharing		
☐ Yes	Other. Specify Collections	s for First Premier	

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Security Credit Services	Last 4 digits of account number	xxxx	\$648.00
Nonpriority Creditor's Name 2623 W. Oxford Loop #108	When was the debt incurred?	2016	
Oxford, MS 38655 Number Street City State Zip Code	As of the data you file, the claim i	in Charle all that apply	
Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply		
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
□ Yes	Other. Specify Collections		
Spectrum	Last 4 digits of account number	xxxx	\$403.00
Nonpriority Creditor's Name			************
P.O. Box 901 Carol Stream, IL 60132	When was the debt incurred?	2017	
Number Street City State Zip Code	As of the date you file, the claim i	is: Check all that apply	
Who incurred the debt? Check one.			
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:		
Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims		
No	☐ Debts to pension or profit-sharing plans, and other similar debts		
□Yes	■ Other. Specify Cable TV		
Sprint Attn: Bankruptcy	Last 4 digits of account number	xxxx	\$725.68
Nonpriority Creditor's Name			· · · · · · · · · · · · · · · · · · ·
Attn: Bankruptcy P.O. Box 7949	When was the debt incurred?	2019	
Overland Park, KS 66207-0949 Number Street City State Zip Code	As of the date you file, the claim i	is: Check all that apply	
Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply		
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:		
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
■ No	Debts to pension or profit-sharing plans, and other similar debts		
□ Yes	■ Other Specify Phone Serv	= -	

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		Case number (if known)		
Sun Trust Bank/GLHEC	Last 4 digits of account number	xxxx	\$7,783.0	
Nonpriority Creditor's Name 2401 International P.O. Box 7859 Madison, WI 53704	When was the debt incurred?	1999		
umber Street City State Zip Code As of the date you file, the claim is: Check all that apply //ho incurred the debt? Check one.				
Debtor 1 only	☐ Contingent			
Debtor 2 only	☐ Unliquidated			
☐ Debtor 1 and Debtor 2 only	☐ Disputed			
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
☐ Check if this claim is for a community	☐ Student loans			
debt Is the claim subject to offset?	DObligations arising out of a separation agreement or divorce that you did not report as priority claims			
■ No	Debts to pension or profit-sharin	ng plans, and other similar debts		
□ Yes	Other Specify Student Loans			
T-Mobile	Last 4 digits of account number	xxxx	\$650.0	
Nonpriority Creditor's Name P.O. Box 742596	When was the debt incurred?	2018		
Cincinnati, OH 45274-2596 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply			
Who incurred the debt? Check one.	_			
Debtor 1 only	Contingent			
Debtor 2 only	Unliquidated			
Debtor 1 and Debtor 2 only	☐ Disputed	Lateta		
At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not			
Is the claim subject to offset?	report as priority claims	ng plans, and other similar debts		
■ No □ Yes	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Phone service			
	- Other. Specify Thems con-			
The Metrohealth System Nonpriority Creditor's Name	Last 4 digits of account number	XXXX	\$365.0	
P.O. Box 931703 Cleveland, OH 44193	When was the debt incurred?	2016-2017		
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply			
■ Debtor 1 only	☐ Contingent			
Debtor 2 only	☐ Unliquidated			
☐ Debtor 1 and Debtor 2 only	☐ Disputed			
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:			
☐ Check if this claim is for a community	☐ Student loans			
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts			
□Yes	■ Other. Specify Medical Service			

Schedule E/F: Creditors Who Have Unsecured Claims

Page 16 of 20

Debtor	1 Sileema Scales		Case number (if known)		
4.4 6	Transworld Systems	Last 4 digits of account number	xxxx	\$290.96	
	Nonpriority Creditor's Name 9525 Sweet Valley Drive Cleveland, OH 44125	When was the debt incurred?	2017		
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the clain	is: Check all that apply		
	■ Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim: ☐ Student loans			
	☐ Check if this claim is for a community				
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not			
	Is the claim subject to offset?	report as priority claims			
	■ No	Debts to pension or profit-shar	ing plans, and other similar debts		
	Yes	Other. Specify Collection	s for Title Boxing Club		
4.4	Upstart/Finwise	Last 4 digits of account number	· xxxx	\$6,988.00	
	Nonpriority Creditor's Name				
	2 Circle Star Way 2nd Floor	When was the debt incurred?	8/2021		
	San Carlos, CA 94070 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the clain	n is: Check all that apply		
	Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecur	ed claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt		paration agreement or divorce that you did not		
	Is the claim subject to offset?	report as priority claims			
No		☐ Debts to pension or profit-sharing plans, and other similar debts			
	□ Yes	Other. Specify Loan			
Part 3:	List Others to Be Notified About a D	ebt That You Already Listed			
is tryi have ı	nis page only if you have others to be notified ng to collect from you for a debt you owe to s more than one creditor for any of the debts the ed for any debts in Parts 1 or 2, do not fill out	someone else, list the original creditor hat you listed in Parts 1 or 2, list the ad-	in Parts 1 or 2, then list the collection agency	/ here. Similarly, if you	
	nd Address	On which entry in Part 1 or Part 2 did yo			
	can InfoSource LP Box 248838		Part 1: Creditors with Priority Unsecured Clai		
	oma City, OK 73124-8838		Part 2: Creditors with Nonpriority Unsecured	Claims	
	<u> </u>	Last 4 digits of account number			
Name a	nd Address	On which entry in Part 1 or Part 2 did yo	ou list the original creditor?		
_	ndium Education Solutions,	Line 4.27 of (<i>Check one</i>):	Part 1: Creditors with Priority Unsecured Clai	ms	
Inc.	Box 8961		Part 2: Creditors with Nonpriority Unsecured	Claims	
	on, WI 53708-8961				
maaio	o., oo. oo oo .	Last 4 digits of account number			
Name a	nd Address	On which entry in Part 1 or Part 2 did yo	ou list the original creditor?		
	land State University		☐ Part 1: Creditors with Priority Unsecured Clai	ms	
	eith D. Weiner & Assoc		Part 2: Creditors with Nonpriority Unsecured		
1100 S Suite	Superior Avenue East 1100		•		
	land, OH 44114				
		Last 4 digits of account number			

Schedule E/F: Creditors Who Have Unsecured Claims

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Debtor 1 Sileema Scales	Case number (if known)
Name and Address Craig W Relman, Esq 3401 Enterprise Parkway, Ste 210 Beachwood, OH 44122	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.38 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number
Name and Address Craig W Relman, Esq 23811 Chagrin Blvd, Ste 160 Beachwood, OH 44122	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.38 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
,	Last 4 digits of account number
Name and Address Craig W. Relman, Esq. 26851 Miles Rd. Suite 204 Cleveland, OH 44128	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.38 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number
Name and Address Cuyahoga Community College c/o Christopher J. Klym 24441 Detroit Road Suite 300 Westlake, OH 44145	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.18 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number
Name and Address David Streeter 2 BEREA COMMONS, SUITE 200	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.17 of (Check one): Part 1: Creditors with Priority Unsecured Claims
Berea, OH 44017	■ Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number
Name and Address Euclid Municipal Court 585 East 222nd St.	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.23 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Euclid, OH 44123	Last 4 digits of account number
Name and Address Euclid Municipal Court 585 East 222nd St. Euclid, OH 44123	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.17 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Edolid, 611 44125	Last 4 digits of account number
Name and Address Great Lakes Higher Education 2501 International P.O. Box 7859	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.43 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Madison, WI 53704	Last 4 digits of account number
Name and Address Great Lakes Higher Education P.O. Box 8961 Madison, WI 53708	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.43 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number
Name and Address Kathryn H. Hogan, Esq. 204 East Market STreet Louisville, KY 40202	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.23 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
200.07110, 111 40202	Last 4 digits of account number
Name and Address MRS BPO 1930 Olney Avenue Cherry Hill, NJ 08003	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.40 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number
	East 1 digits of account number

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Page 18 of 20

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Debtor 1 Si	leema Scales		Case number (if known)			
150 E. Gay	ne Ohio Attorney Gene	On which entry in Part 1 or Part 2 did y Line 2.1 of (Check one): Last 4 digits of account number	d you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims			
P.O. Box 8	ney General	On which entry in Part 1 or Part 2 did y Line 2.1 of (<i>Check one</i>): Last 4 digits of account number	d you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims			
Name and Add Portfolio R 120 Corpo Suite 100 Norfolk, V	ecovery rate Blvd.	On which entry in Part 1 or Part 2 did y Line 4.13 of (<i>Check one</i>): Last 4 digits of account number	d you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims			
Name and Add Portfolio R P.O. Box 1 Norfolk, V	ecovery 2914 A 23541	On which entry in Part 1 or Part 2 did y Line 4.34 of (<i>Check one</i>): Last 4 digits of account number On which entry in Part 1 or Part 2 did y	□ Part 1: Creditors with Priority Unsecured Claims ■ Part 2: Creditors with Nonpriority Unsecured Claims			
Realty True 29550 Detr Suite 300 Westlake,		Line 4.17 of (Check one): Last 4 digits of account number	□ Part 1: Creditors with Priority Unsecured Claims ■ Part 2: Creditors with Nonpriority Unsecured Claims			
Name and Add Sprint KSOPHT01 6391 Sprin Overland F	01-Z4300	On which entry in Part 1 or Part 2 did y Line 4.14 of (Check one): Last 4 digits of account number	Part 2: Creditors with Nonpriority Unsecured Claims			
Name and Add The Illumir 5001 Nasa Fairmont,	nating Company Blvd.	On which entry in Part 1 or Part 2 did y Line 4.25 of (<i>Check one</i>): Last 4 digits of account number	☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims			
Name and Address Time Warner Cable - Northeast P.O. Box 901 Carol Stream, IL 60132		On which entry in Part 1 or Part 2 did y Line 4.41 of (<i>Check one</i>): Last 4 digits of account number	id you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims			
6. Total the an		Type of Unsecured Claim secured claims. This information is for statistical	cal reporting purposes only. 28 U.S.C. §159. Add the amounts for each			
Total claims from Part 1	6c. Claims for death	n other debts you owe the government or personal injury while you were intoxicated er priority unsecured claims. Write that amount here	6a. \$ 0.00 6b. \$ 591.61 6c. \$ 0.00 re. 6d. \$ 0.00			
	6e. Total Priority. Add	d lines 6a through 6d.	6e. \$ 591.61 Total Claim			

Official Form 106 E/F

Total claims

Schedule E/F: Creditors Who Have Unsecured Claims

Page 19 of 20

Debtor 1 Sileema Scales

Case number (if known)

from Part 2	

- Obligations arising out of a separation agreement or divorce that you did not report as priority claims

 Debts to pension or profit-sharing plans, and other similar debts
- 6h.
- 6i. Other. Add all other nonpriority unsecured claims. Write that amount
- Total Nonpriority. Add lines 6f through 6i.

6g.	\$ 0.00
6h.	\$ 0.00
6i.	\$ 113,986.39

6j. 113,986.39

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Page 20 of 20

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Fill in this infor	mation to identify your	case:		
Debtor 1	Sileema Scales			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		NORTHERN DISTRICT	OF OHIO	
Case number				– 0. 1.77.
(if known)				Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with	whom you have the r, Street, City, State and ZIP (contract or lease	State what the contract or lease is for
2.1					
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
2.2					
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.3				-	
	Name				_
	Number	Street			
	City		State	ZIP Code	
2.4					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.5					
	Name				
	Number	Street			
	City		State	ZIP Code	_
	•				

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

Page 1 of 1

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Fill in this info	ormation to identify your	case:				
Debtor 1	Sileema Scales					
Debtor 2	First Name	Middle Name	Last Name			
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States I	Bankruptcy Court for the:	NORTHERN DISTRICT	OF OHIO			
Case number (if known)					☐ Check if this is an amended filing	
	orm 106H e H: Your Cod	ebtors			12/15	
people are filin fill it out, and r your name and	ig together, both are equ	ally responsible for supp boxes on the left. Attach . Answer every question	olying correct information the Additional Page to the	n. If more space is n this page. On the top	ate as possible. If two married eeded, copy the Additional Pag o of any Additional Pages, write	∍,
□ No ■ Yes						
	the last 8 years, have you alifornia, Idaho, Louisiana,				states and territories include	
■ No. Go	to line 3.					
☐ Yes. Did	d your spouse, former spou	use, or legal equivalent live	e with you at the time?			
in line 2 a	gain as a codebtor only i D), Schedule E/F (Official	f that person is a guaran	tor or cosigner. Make su	re you have listed th	g with you. List the person shown ne creditor on Schedule D (Offic Schedule E/F, or Schedule G to	ial
	mn 1: Your codebtor , Number, Street, City, State and Zl	P Code		Column 2: The cre Check all schedule	ditor to whom you owe the deb s that apply:	t
325	essa Scales 6 West 25th Street veland, OH 44109			☐ Schedule D, li ■ Schedule E/F, ☐ Schedule G _ Credit Acceptar	line 4.15	

Fill	in this information	to identify your ca	ase:			l				
Del	btor 1	Sileema Sca	iles							
	btor 2 buse, if filing)									
Uni	ited States Bankrup	otcy Court for the	: NORTHERN DISTRIC	CT OF OHIO						
(If kr	se number			-		□ Ai		ed filing ent showing	g postpetition Illowing date:	
<u>O</u>	fficial Form	<u> 1061</u>				M	M / DD/ Y	YYY		
S	chedule I:	Your Inc	ome							12/15
spo atta	use. If you are set ch a separate she Describ	parated and you let to this form.	are married and not filing wing the top of any addition the top of any addition	ith you, do not include onal pages, write your	informati	on about	your spo imber (if	ouse. If mo known). Ar	ore space is nswer every	needed, , question
	information.	•		Debtor 1					ing spouse	
	If you have more attach a separate		Employment status	■ Employed			☐ Emplo	•		
	information about employers.	t additional		☐ Not employed			☐ Not e	трюуеа		
	Include part-time	seasonal or	Occupation	Registered Nurse	!					
	self-employed wo		Employer's name	MetroHealth						
	Occupation may or homemaker, if		Employer's address	2500 MetroHealth Cleveland, OH 44						
			How long employed t	here? 20 years						
Pai	rt 2: Give De	etails About Mor	nthly Income							
	mate monthly incuse unless you are		ate you file this form. If	you have nothing to rep	ort for any	line, write	\$0 in the	space. Incl	lude your no	n-filing
	ou or your non-filing e space, attach a s		ore than one employer, co	ombine the information f	for all emplo	oyers for	that perso	on on the lin	ies below. If	you need
						For Deb	otor 1	For Deb non-filin	otor 2 or ng spouse	
2.			ry, and commissions (b calculate what the monthl		2. \$	7,	491.06	\$	N/A	-
3.	Estimate and lis	st monthly overt	ime pay.		3. +\$		0.00	+\$	N/A	-
1	Calculate gross	Income Add lin	no 2 + lino 3		1 \$	7 40	11.06	Φ.	NI/A	

Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in *Schedule J.*Specify:

11. +\$

12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.
Write that amount on the *Summary of Schedules* and *Statistical Summary of Certain Liabilities* and Related *Data*, if it applies

. \$ 5,238.61 Combined monthly income

0.00

13. Do you expect an increase or decrease within the year after you file this form?

other friends or relatives.

No.	
Yes. Explain:	

Official Form 106I Schedule I: Your Income page 2

Fill	in this informatio	n to identify yo	our case:						
Deb	tor 1	Sileema Sca	les			Che	eck if this is:		
	_						An amended filing		
!	tor 2							wing postpetition chapter	
(Spo	ouse, if filing)						13 expenses as of	the following date:	
Unit	ed States Bankrup	tcy Court for the	: NORTH	ERN DISTRICT OF OHIO)		MM / DD / YYYY		
!	e number nown)								
Of	fficial Fori	m 106J							
Sc	chedule .	J· Your	Exper	ises				12/	/15
Be info	as complete an ormation. If mor nber (if known)	d accurate as e space is ne	possible eded, atta ry questio	. If two married people and the control of the cont					
1.	Is this a joint		illoiu						
	■ No. Go to lii		in a separ	ate household?					
	□ No □ Yes	. Debtor 2 mus	st file Offici	al Form 106J-2, <i>Expenses</i>	s for Separate House	hold of De	ebtor 2.		
2.	Do you have o		□ No	, ,	,				
	Do not list Deb Debtor 2.	tor 1 and	■ Yes.	Fill out this information for each dependent	Dependent's relati Debtor 1 or Debtor		Dependent's age	Does dependent live with you?	
	Do not state th	Δ						□ No	
	dependents na				Grandchild		2 months	Yes	
								□ No	
					Grandchild		11 months	■ Yes	
							 -	□ No	
					Daughter		20 years	■ Yes	
								□ No	
					Daughter		26 years	■ Yes	
3.	Do your experence expenses of progression yourself and y	eople other t our depende	han nts? □	No Yes					
Est exp	imate your expe		our bankr	y Expenses uptcy filing date unless y y is filed. If this is a supp					-
the		issistance an		government assistance is luded it on <i>Schedule I:</i> Y			Your exp	enses	
4.	The rental or I			ses for your residence.	Include first mortgage	÷ 4.	\$	1,800.00	
	If not included	•	c ground 0	n IOL				<u> </u>	
		ate taxes				4a.		0.00	
		, homeowner's				4b. 4c.	·	0.00	
				upkeep expenses dominium dues		4c. 4d.	:	25.00 0.00	
5.				our residence, such as ho	ome equity loans	5.	· -	0.00	
			,	•				- · · ·	

ebtor 1	Sileema Scales		Case num	nber (if known)	
Utili	ioo				
6a.	Electricity, heat, natu	ral nas	6a.	\$	375.00
	•	<u> </u>	6b.	· · · · · · · · · · · · · · · · · · ·	
6b.	Water, sewer, garbag			· i ————	180.00
6c.		e, Internet, satellite, and cable services	6c.	· : ———	300.00
6d.	Other. Specify:		6d.	·	0.00
	d and housekeeping s	• •	7.	· : ————	1,500.00
Chil	dcare and children's e	education costs	8.	\$	0.00
Clot	hing, laundry, and dry	cleaning	9.	\$	300.00
Pers	onal care products ar	nd services	10.	\$	250.00
Med	ical and dental expen	ses	11.	\$	150.00
		s, maintenance, bus or train fare.	40	Φ	200.00
	ot include car payment		12.	· i · 	200.00
		eation, newspapers, magazines, and books	13.	\$	100.00
Cha	ritable contributions a	nd religious donations	14.	\$	0.00
	rance.				
		educted from your pay or included in lines 4 or 20.		_	
	Life insurance		15a.	·	0.00
15b.	Health insurance		15b.	\$	0.00
15c.	Vehicle insurance		15c.	\$	152.00
15d.	Other insurance. Spec	sify:	15d.	\$	0.00
Taxe	s. Do not include taxes	s deducted from your pay or included in lines 4 or 2	20.		
Spe			16.	\$	0.00
Inst	Ilment or lease paym	ents:			
	Car payments for Vel		17a.	\$	577.87
17b.	Car payments for Vel	nicle 2	17b.	\$	0.00
	Other. Specify:		17c.	\$	0.00
	Other. Specify:		17d.	·	0.00
		, maintenance, and support that you did not re		Ψ	0.00
		n line 5, S <i>chedule I, Your Incom</i> e (Official Forn		\$	0.00
		to support others who do not live with you.	. 1001).	\$	0.00
Spe		,	19.	·	
	· 	ses not included in lines 4 or 5 of this form or			
	Mortgages on other p		20a.		0.00
	Real estate taxes	-1 - 7	20b.	·	0.00
		's, or renter's insurance	20c.	· : ———	0.00
			20d.	·	
	Maintenance, repair,			·	0.00
		ation or condominium dues	20e.	· <u> </u>	0.00
Oth	er: Specify:		21.	+\$	0.00
Calc	ulate your monthly ex	penses			
	Add lines 4 through 21	•		\$	5,909.87
	0	expenses for Debtor 2), if any, from Official Form	06 I-2	\$	3,303.01
	., ,		003-2	·	
22c.	Add line 22a and 22b.	The result is your monthly expenses.		\$	5,909.87
Calc	ulate your monthly ne	et income.			
		mbined monthly income) from Schedule I.	23a.	\$	5,238.61
		spenses from line 22c above.	23b.		5,909.87
۷۵.	Jopy your monthly ex	αροπούο ποιπ inio 220 αυύνο.	۷۵۵.	Ψ	3,303.01
230	Subtract your monthly	expenses from your monthly income.			
200.	The result is your <i>mo</i>		23c.	\$	-671.26
For e	ou expect an increas	e or decrease in your expenses within the year inish paying for your car loan within the year or do you ex			or decrease because of a
	0.				
ΠY		ere:			
'					

Fill in this inform	mation to identify your	case:					
Debtor 1	Sileema Scales						
	First Name	Middle Name	Las	Name			
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Las	Name			
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF OHIO				
Case number _							
(if known)						☐ Check if this amended filing	
If two married pe You must file thi obtaining money years, or both. 1	eople are filing together	connection with a bank	nsible for s	upplying correct	ct information. laking a false st	atement, concealing prop ,000, or imprisonment for	
Did you pa	y or agree to pay some	one who is NOT an attor	rney to help	you fill out ban	nkruptcy forms?	,	
■ No							
☐ Yes. N	Name of person					ankruptcy Petition Preparer ion, and Signature (Official I	
	lty of perjury, I declare e true and correct.	that I have read the sum	mary and s	chedules filed v	with this declara	ation and	
X /s/ Sile	ema Scales		X				
	na Scales re of Debtor 1			Signature of De	ebtor 2		
Date _	December 7, 2021			Date			

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

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Fill ir	n this inform	nation to identify you	r case:			
Debte	or 1	Sileema Scales				
Debto	or 2	First Name	Middle Name	Last Name		
	se if, filing)	First Name	Middle Name	Last Name		
Unite	d States Bar	nkruptcy Court for the:	NORTHERN DISTRICT C	F OHIO		
Case (if know	number					heck if this is an mended filing
Star Be as inform	complete a	of Financial	attach a separate sheet to	re filing together, both are	ankruptcy equally responsible for supp v additional pages, write you	
Part			rital Status and Where You	Lived Before		
	<u> </u>	current marital statu	ıs?			
[☐ Married ■ Not mar	ried				
2. [Ouring the la	ast 3 years, have you	lived anywhere other than v	where you live now?		
•	■ No □ Yes. Lis	t all of the places you l	ived in the last 3 years. Do no	ot include where you live now		
	Debtor 1 Pr	ior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
					ity property state or territory co, Texas, Washington and W	
[■ No □ Yes. Ma	ke sure you fill out <i>Scl</i>	nedule H: Your Codebtors (Of	ficial Form 106H).		
Part :	2 Explai	n the Sources of You	r Income			
F	ill in the tota	l amount of income yo	nployment or from operatin u received from all jobs and a have income that you receive	II businesses, including part-		dar years?
	□ No					
I	Yes. Fill	in the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
		of current year until d for bankruptcy:	■ Wages, commissions, bonuses, tips	\$85,000.00	☐ Wages, commissions, bonuses, tips	
			☐ Operating a business		☐ Operating a business	

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 1

Creditor's Name and Address

Dates of payment

attorney for this bankruptcy case.

Total amount paid

Amount you still owe

Was this payment for ...

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 2

7.	Within 1 year before you filed for bankrupt Insiders include your relatives; any general pa of which you are an officer, director, person in a business you operate as a sole proprietor. 1 alimony.	artners; relatives of any gene control, or owner of 20% or	eral partners; partne more of their voting	rships of which yo securities; and a	u are a generary ny managing a	al partner; corporations agent, including one for
	■ No□ Yes. List all payments to an insider.					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment
В.	Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cos		nents or transfer a	ny property on a	ccount of a d	ebt that benefited an
	NoYes. List all payments to an insider					
	☐ Yes. List all payments to an insider Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment
Par	rt 4: Identify Legal Actions, Repossession	ns and Foreclosures				
9.	Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes. No Yes. Fill in the details. Case title Case number					t or custody
10.	Within 1 year before you filed for bankrupt. Check all that apply and fill in the details below No. Go to line 11. Yes. Fill in the information below. Creditor Name and Address		rty repossessed, fo	oreclosed, garnis	hed, attached	d, seized, or levied? Value of the property
11.	Within 90 days before you filed for bankrup accounts or refuse to make a payment bec No Yes. Fill in the details.	Explain what happened otcy, did any creditor, incluance you owed a debt?		ancial institution	, set off any a	amounts from your
	Creditor Name and Address	Describe the action the	creditor took	Date taken	action was	Amount
	Within 1 year before you filed for bankrupt court-appointed receiver, a custodian, or a No Yes		rty in the possessi			efit of creditors, a
	t 5: List Certain Gifts and Contributions Within 2 years before you filed for bankrup	stoy did you give any gifts	with a total value	of more than \$50	O per perse	2
13.	■ No □ Yes. Fill in the details for each gift.	icy, aid you give any girts	with a total value	or more than \$60	u per person	ę
	Gifts with a total value of more than \$600 per person	Describe the gifts		Dates the g	s you gave ifts	Value
	Person to Whom You Gave the Gift and Address:					

Case number (if known)

Official Form 107

Debtor 1 Sileema Scales

Statement of Financial Affairs for Individuals Filing for Bankruptcy

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Deb	otor 1 Sileema Scales		Case number (if known)	
14.	Within 2 years before you filed for bankruptcy ■ No □ Yes. Fill in the details for each gift or contrib		ns with a total value of more than	n \$600 to any charity?
	Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)	Describe what you contributed	Dates you contributed	Value
Par	t 6: List Certain Losses			
15.	Within 1 year before you filed for bankruptcy or gambling?	or since you filed for bankruptcy, did	you lose anything because of the	eft, fire, other disaster,
	■ No □ Yes. Fill in the details.			
		cribe any insurance coverage for the I	•	Value of property
		ide the amount that insurance has paid. It rance claims on line 33 of Schedule A/B:		lost
		ance claims on line 33 of Schedule A/B.	гторену.	
Par	t 7: List Certain Payments or Transfers			
	Within 1 year before you filed for bankruptcy, consulted about seeking bankruptcy or prepared include any attorneys, bankruptcy petition prepared in No Yes. Fill in the details.	ring a bankruptcy petition?		erty to anyone you
	Person Who Was Paid	Description and value of any prop	perty Date payment	Amount of
	Address Email or website address Person Who Made the Payment, if Not You	transferred	or transfer was made	payment
	Borders & Gerace LLC 3401 Enterprise Parkway Suite 340 Beachwood, OH 44122 kblaw123@gmail.com	Chapter 7 bankrutpcy	12/2021	\$500.00
	Within 1 year before you filed for bankruptcy, promised to help you deal with your creditors Do not include any payment or transfer that you	or to make payments to your creditor		erty to anyone who
	■ No □ Yes. Fill in the details.			
	Person Who Was Paid Address	Description and value of any prop transferred	Date payment or transfer was made	Amount of payment
18.	Within 2 years before you filed for bankruptcy	, did you sell, trade, or otherwise tran	sfer any property to anyone, oth	er than property
	transferred in the ordinary course of your bus Include both outright transfers and transfers mad include gifts and transfers that you have already No	e as security (such as the granting of a s	security interest or mortgage on you	ir property). Do not
	Yes. Fill in the details.			
	Person Who Received Transfer Address	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
	Person's relationship to you			

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

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Debtor 1 Sileema Scales Case number (if known)

19.	 Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) No Yes. Fill in the details. 							
	Name of trust		Description and	value of the pro	perty trans	sferred	Date Transfer wa	as
Par	t 8:	List of Certain Financial Accounts, Inst	truments, Safe Deposi	it Boxes, and St	orage Unit	ts		
20.	sold Incl	nin 1 year before you filed for bankruptcy I, moved, or transferred? ude checking, savings, money market, or ses, pension funds, cooperatives, associ No Yes, Fill in the details.	other financial accou	nts; certificates	of deposi		•	
	Naı	me of Financial Institution and dress (Number, Street, City, State and ZIP	Last 4 digits of account number	Type of account or instrument		Date account was closed, sold, moved, or transferred	Last balan before closing trans	or
21.	•	you now have, or did you have within 1 ye h, or other valuables? No Yes. Fill in the details.	ear before you filed fo	r bankruptcy, aı	ny safe de _l	posit box or other depos	sitory for securities	,
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)		Who else had access to it? Address (Number, Street, City, State and ZIP Code)		Describe the contents		Do you still have it?	
22.	Hav	e you stored property in a storage unit or No Yes. Fill in the details.	r place other than you	r home within 1	year befor	re you filed for bankrupt	tcy?	
		me of Storage Facility dress (Number, Street, City, State and ZIP Code)	to it?	to it? Address (Number, Street, City,		the contents	Do you still have it?	
Par	t 9:	Identify Property You Hold or Control for	or Someone Else					
23.	•	you hold or control any property that som someone. No Yes. Fill in the details.	neone else owns? Incl	ude any proper	ty you bor	rowed from, are storing	for, or hold in trust	
	Ow	rner's Name dress (Number, Street, City, State and ZIP Code)		(Number, Street, City, State and ZIP		the property	Val	ue
Par	t 10:	Give Details About Environmental Infor	rmation					
For	the p	ourpose of Part 10, the following definition	ns apply:					
	toxi	rironmental law means any federal, state, c substances, wastes, or material into the ulations controlling the cleanup of these	e air, land, soil, surfac	e water, ground	• .			or
		means any location, facility, or property wn, operate, or utilize it, including dispos	•	environmental l	aw, wheth	er you now own, operat	te, or utilize it or us	ed
		ardous material means anything an envir ardous material, pollutant, contaminant, c		as a hazardous	waste, ha	zardous substance, toxi	ic substance,	
Rep	ort a	Il notices, releases, and proceedings that	t you know about, reg	ardless of when	they occu	urred.		

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Official Form 107

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Statement of Financial Affairs for Individuals Filing for Bankruptcy

Debtor 1 Sileema Scales Case number (if known)

	Ma			
_	No Yes. Fill in the details.			
	nme of site idress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and	Environmental law, if you know it	Date of not
Haν	ve you notified any governmental unit o	zip Code) of any release of hazardous material?		
	No Yes. Fill in the details.			
	nme of site Idress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of not
Haν	ve you been a party in any judicial or ac	dministrative proceeding under any environ	onmental law? Include settlements	and orders.
	No Yes. Fill in the details.			
	se Title se Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
	<u> </u>			
11	Give Details About Your Business o	r Connections to Any Business		
			of the following connections to an	y business?
	— hin 4 years before you filed for bankrup —	r Connections to Any Business ptcy, did you own a business or have any I in a trade, profession, or other activity, e	_	y business?
	— hin 4 years before you filed for bankrup ☐ A sole proprietor or self-employed	ptcy, did you own a business or have any	either full-time or part-time	y business?
	hin 4 years before you filed for bankrup A sole proprietor or self-employed A member of a limited liability com	ptcy, did you own a business or have any I in a trade, profession, or other activity, e	either full-time or part-time	y business?
	hin 4 years before you filed for bankrup A sole proprietor or self-employed A member of a limited liability com A partner in a partnership	ptcy, did you own a business or have any I in a trade, profession, or other activity, e npany (LLC) or limited liability partnership	either full-time or part-time	y business?
	hin 4 years before you filed for bankrup A sole proprietor or self-employed A member of a limited liability com A partner in a partnership An officer, director, or managing e	ptcy, did you own a business or have any lin a trade, profession, or other activity, enpany (LLC) or limited liability partnership executive of a corporation	either full-time or part-time	y business?
	thin 4 years before you filed for bankrup A sole proprietor or self-employed A member of a limited liability com A partner in a partnership An officer, director, or managing e An owner of at least 5% of the voti	ptcy, did you own a business or have any I in a trade, profession, or other activity, enpany (LLC) or limited liability partnership executive of a corporation ing or equity securities of a corporation	either full-time or part-time	y business?
Wit	hin 4 years before you filed for bankrup A sole proprietor or self-employed A member of a limited liability com A partner in a partnership An officer, director, or managing e An owner of at least 5% of the voti	ptcy, did you own a business or have any in a trade, profession, or other activity, enpany (LLC) or limited liability partnership executive of a corporation ing or equity securities of a corporation partnership.	either full-time or part-time	y business?
Wit	thin 4 years before you filed for bankrup A sole proprietor or self-employed A member of a limited liability com A partner in a partnership An officer, director, or managing e An owner of at least 5% of the voti No. None of the above applies. Go to	ptcy, did you own a business or have any lin a trade, profession, or other activity, enpany (LLC) or limited liability partnership executive of a corporation ing or equity securities of a corporation of Part 12.	either full-time or part-time	
Wit	hin 4 years before you filed for bankrup A sole proprietor or self-employed A member of a limited liability com A partner in a partnership An officer, director, or managing e An owner of at least 5% of the voti No. None of the above applies. Go to Yes. Check all that apply above and finitess Name Idress	ptcy, did you own a business or have any I in a trade, profession, or other activity, expany (LLC) or limited liability partnership executive of a corporation ing or equity securities of a corporation Part 12. ill in the details below for each business. Describe the nature of the business	either full-time or part-time	er
Wit	thin 4 years before you filed for bankrup A sole proprietor or self-employed A member of a limited liability com A partner in a partnership An officer, director, or managing e An owner of at least 5% of the voti No. None of the above applies. Go to Yes. Check all that apply above and filesiness Name	ptcy, did you own a business or have any lin a trade, profession, or other activity, enpany (LLC) or limited liability partnership executive of a corporation ing or equity securities of a corporation of Part 12.	either full-time or part-time o (LLP) Employer Identification numbe	er
Wit Bu Ad (Nu	hin 4 years before you filed for bankrup A sole proprietor or self-employed A member of a limited liability com A partner in a partnership An officer, director, or managing e An owner of at least 5% of the voti No. None of the above applies. Go to Yes. Check all that apply above and filesiness Name Idress Imber, Street, City, State and ZIP Code)	ptcy, did you own a business or have any I in a trade, profession, or other activity, expany (LLC) or limited liability partnership executive of a corporation ing or equity securities of a corporation Part 12. ill in the details below for each business. Describe the nature of the business	Employer Identification number Do not include Social Security	er number or IT
Wit Bu Ad (Nu	hin 4 years before you filed for bankrup A sole proprietor or self-employed A member of a limited liability com A partner in a partnership An officer, director, or managing e An owner of at least 5% of the voti No. None of the above applies. Go to Yes. Check all that apply above and filesiness Name Idress Imber, Street, City, State and ZIP Code) Thin 2 years before you filed for bankruptitutions, creditors, or other parties.	ptcy, did you own a business or have any lin a trade, profession, or other activity, expany (LLC) or limited liability partnership executive of a corporation ing or equity securities of a corporation Part 12. Ill in the details below for each business. Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security	er number or IT
Bu Ad (Nu	hin 4 years before you filed for bankrup A sole proprietor or self-employed A member of a limited liability com A partner in a partnership An officer, director, or managing e An owner of at least 5% of the voti No. None of the above applies. Go to Yes. Check all that apply above and filesiness Name Idress Imber, Street, City, State and ZIP Code) Thin 2 years before you filed for bankruptitutions, creditors, or other parties.	ptcy, did you own a business or have any lin a trade, profession, or other activity, expany (LLC) or limited liability partnership executive of a corporation ing or equity securities of a corporation Part 12. Ill in the details below for each business. Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security	er number or IT

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 6

Debtor 1 Sileema Scales	Case number (if known)
Part 12: Sign Below	
are true and correct. I understand that mak	Financial Affairs and any attachments, and I declare under penalty of perjury that the answers ag a false statement, concealing property, or obtaining money or property by fraud in connection to \$250,000, or imprisonment for up to 20 years, or both.
/s/ Sileema Scales	
Sileema Scales Signature of Debtor 1	Signature of Debtor 2
Date December 7, 2021	Date
Did you attach additional pages to <i>Your St</i> ■ No □ Yes	ement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?
	not an attorney to help you fill out bankruptcy forms?
■ No	

☐ Yes. Name of Person _____. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 7

Fill in this infor	mation to identify your	rase:		
		ouse.		
Debtor 1	Sileema Scales First Name	Middle Name	Last Name	
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DIS	TRICT OF OHIO	
Case number				
(if known)				Check if this is an
				amended filing
Official Ea				
Official Fo			riduale Filine Herden Obere	1 a n 7
Statemer	nt of Intentio	n tor inaiv	viduals Filing Under Chapt	ter / 12/15
If you are an ind	ividual filing under cha	nter 7 vou must fil	Il out this form if:	
	e claims secured by yo	-	ii out this form ii.	
	sed personal property a		not expired	
			you file your bankruptcy petition or by the date	set for the meeting of creditors,
whiche on the		e court extends th	ne time for cause. You must also send copies to	the creditors and lessors you list
	eople are filing togethened date the form.	n a joint case, bo	oth are equally responsible for supplying correct	information. Both debtors must
	and accurate as possib our name and case nur		s needed, attach a separate sheet to this form. O	n the top of any additional pages,
Part 1: List Y	our Creditors Who Have	a Sacurad Claims		
). Creditors Who Hove Claims Secured by Branco	why (Official Form 106D) fill in the
information be	elow.		D: Creditors Who Have Claims Secured by Prope	
Identify the cr	editor and the property t	hat is collateral	What do you intend to do with the property th secures a debt?	at Did you claim the property as exempt on Schedule C?
Creditor's A	Americredit Financial	Services dha	☐ Surrender the property.	■ M.
name:	anenciedit i manciai	Services uba	Retain the property and redeem it.	■ No
Description of	2014 Nissan Altim	a SL 120000	Retain the property and enter into a	☐ Yes
property	miles		Reaffirmation Agreement. Retain the property and [explain]:	
securing debt:	Debtor's Possessi	on		
Part 2: List Y	our Unexpired Persona	l Property I eases		
For any unexpire	ed personal property le	ase that you listed	in Schedule G: Executory Contracts and Unexp	
			nexpired leases are leases that are still in effect; the trustee does not assume it. 11 U.S.C. § 365(p	
			, "	
Describe your u	inexpired personal pro	perty leases		Will the lease be assumed?
Lessor's name:				□ No
Description of lea Property:	ased			☐ Yes
1				_
Lessor's name: Description of lea	ased			□ No
Property:				☐ Yes
Lessor's name:				□ No
Official Form 108		Statement of Ir	ntention for Individuals Filing Under Chapter 7	page

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Debtor 1 Sileema Scales	Case number (if known)
Description of leased Property:	☐ Yes
Lessor's name: Description of leased	□ No
Property:	☐ Yes
Lessor's name: Description of leased	□ No
Property:	☐ Yes
Lessor's name: Description of leased	□ No
Property:	☐ Yes
Lessor's name:	□ No
Description of leased Property:	☐ Yes
Part 3: Sign Below	
Under penalty of perjury, I declare that I have indicated my intention property that is subject to an unexpired lease.	about any property of my estate that secures a debt and any personal
X /s/ Sileema Scales	x
Sileema Scales Signature of Debtor 1	Signature of Debtor 2
Date December 7, 2021	Date

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

page 2

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Fill in this information to identify your coope				
Fill in this information to identify your case:		heck one box only as d 22A-1Supp:	rected in this form and i	n Form
Debtor 1 Sileema Scales		-277 Тойрр.		
Debtor 2 (Spouse, if filing)		■ 1. There is no presi	umption of abuse	
United States Bankruptcy Court for the: Northern District of Ohio			determine if a presum	
Case number			nade under <i>Chapter 7 M</i> cial Form 122A-2).	leans l'est
(if known)			does not apply now bed service but it could app	
		☐ Check if this is a	n amended filing	
Official Form 122A - 1				
Chapter 7 Statement of Your Current	nt Monthly Inc	come		04/20
Be as complete and accurate as possible. If two married people are fill attach a separate sheet to this form. Include the line number to which case number (if known). If you believe that you are exempted from a piqualifying military service, complete and file Statement of Exemption for Part 1: Calculate Your Current Monthly Income	the additional information esumption of abuse beca	applies. On the top of ar use you do not have prin	ny additional pages, write narily consumer debts or	your name and because of
What is your marital and filing status? Check one only.				
■ Not married. Fill out Column A, lines 2-11.				
☐ Married and your spouse is filing with you. Fill out bot	n Columns A and B, lines	s 2-11.		
☐ Married and your spouse is NOT filing with you. You	and your spouse are:			
☐ Living in the same household and are not legally se	eparated. Fill out both Co	olumns A and B, lines 2	2-11.	
☐ Living separately or are legally separated. Fill out C penalty of perjury that you and your spouse are legally living apart for reasons that do not include evading the	separated under nonba	nkruptcy law that applie	es or that you and your s	
Fill in the average monthly income that you received from all source 101(10A). For example, if you are filing on September 15, the 6-month put the 6 months, add the income for all 6 months and divide the total by 6. spouses own the same rental property, put the income from that property.	period would be March 1 thro Fill in the result. Do not inclu	ough August 31. If the amoude any income amount me	unt of your monthly income ore than once. For example	varied during e, if both
		Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
Your gross wages, salary, tips, bonuses, overtime, and opayroll deductions).	commissions (before all	\$ 8,542.04	\$	
Alimony and maintenance payments. Do not include payments. Do not include payments. Column B is filled in.	nents from a spouse if	\$	\$	
4. All amounts from any source which are regularly paid fo of you or your dependents, including child support. Inclu from an unmarried partner, members of your household, you and roommates. Include regular contributions from a spouse filled in. Do not include payments you listed on line 3.	ide regular contributions r dependents,	\$0.00	\$	
5. Net income from operating a business, profession, or fa				
	Debtor 1			
Gross receipts (before all deductions) \$	0.00			
Ordinary and necessary operating expenses -\$	0.00 Copy here -:	> \$ 0.00	\$	
Net monthly income from a business, profession, or farm \$	Copy here -	Ψ	Ψ	
6. Net income from rental and other real property	Debtor 1			
Gross receipts (before all deductions) \$	0.00			
Ordinary and necessary operating expenses -\$	0.00			
Net monthly income from rental or other real property \$	0.00 Copy here -:	> \$ 0.00	\$	
7. Interest, dividends, and royalties		\$ 0.00	\$	

Official Form 122A-1

Chapter 7 Statement of Your Current Monthly Income

page 1

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Debtor 1	Sileema Scales	Case number (if known)	
	Signature of Debtor 1		

Date December 7, 2021

MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

ileema Scales	Case number (if known)	

Current Monthly Income Details for the Debtor

Debtor Income Details:

Debtor 1

Income for the Period 06/01/2021 to 11/30/2021.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: MetroHealth

Year-to-Date Income:

Starting Year-to-Date Income: \$\,\frac{\$33,016.08}{\$84,268.32}\$ from check dated \$\,\frac{5/31/2021}{11/30/2021}\$.

Income for six-month period (Ending-Starting): \$51,252.24.

Average Monthly Income: \$8,542.04.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

(Chapter 7:	Liquidation	
	\$245	filing fee	
	\$78	administrative fee	
:	+ \$15	trustee surcharge	
	\$338	total fee	

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee \$571 administrative fee

\$1,738 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$78	administrative fee
	\$278	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$78	administrative fee
	\$313	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

page 3

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/forms/bankruptcy-forms

nitp.//www.uscourts.gov/rorms/bankruptcy-rorms

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses.

In Alabama and North Carolina, go to: http://www.uscourts.gov/services-forms/bankruptcy/cre dit-counseling-and-debtor-education-courses.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

United States Bankruptcy Court Northern District of Ohio

In re	Sileema Scales		Case No	ı .		
		Debtor(s)	Chapter	7		
	DISCLOSURE OF COMPENSA	ATION OF ATTO	ORNEY FOR I	DEBTOR(S)		
c	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:					
	For legal services, I have agreed to accept		\$	500.00		
	Prior to the filing of this statement I have received		\$	500.00		
	Balance Due			0.00		
2. \$	338.00 of the filing fee has been paid.					
3. T	he source of the compensation paid to me was:					
	■ Debtor □ Other (specify):					
4. T	The source of compensation to be paid to me is:					
	■ Debtor □ Other (specify):					
5. I	I have not agreed to share the above-disclosed compensa	ation with any other person	on unless they are me	mbers and associates of my law firm.		
[☐ I have agreed to share the above-disclosed compensation copy of the agreement, together with a list of the names of					
6. I	n return for the above-disclosed fee, I have agreed to render	legal service for all asp	ects of the bankruptc	case, including:		
b c	 Analysis of the debtor's financial situation, and rendering Preparation and filing of any petition, schedules, statement Representation of the debtor at the meeting of creditors and an interest in the interest in the meeting of creditors and interest in the interest interest in the interest interest interest in the interest interest interest in the interest interest	nt of affairs and plan wh nd confirmation hearing, ace to market value; ε as needed; preparation	ich may be required; and any adjourned hexemption planning	earings thereof; g; preparation and filing of		
7. B	By agreement with the debtor(s), the above-disclosed fee doe Representation of the debtors in any discha	es not include the follow	ing service: dicial lien avoidar	nces, relief from stay actions or		
	C	ERTIFICATION				
	certify that the foregoing is a complete statement of any agrankruptcy proceeding.	reement or arrangement	for payment to me fo	representation of the debtor(s) in		
De	ecember 7, 2021	/s/ Keith L. Bor	ders			
Da	nte	Keith L. Border Signature of Attor				
		Borders & Gera				
		3401 Enterprise	e Parkway			
		Suite 340 Beachwood, O	H 44122			
			Fax: 216-766-5708			
		kblaw123@gm				
		Name of law firm				

United States Bankruptcy Court Northern District of Ohio

In re	Sileema Scales		Case No.	
		Debtor(s)	Chapter	7
	VER	IFICATION OF CREDITOR N	MATRIX	
The abo	ove-named Debtor hereby verifies	that the attached list of creditors is true and co	orrect to the best	of his/her knowledge.
Date:	December 7, 2021	/s/ Sileema Scales		
		Sileema Scales		
		Signature of Debtor		

13/7, LLC P.O. Box 1931 Burlingame, CA 94011

Active Environmental P.O. Box 736025 Dallas, TX 75373

Allied Interstate P.O. Box 361445 Columbus, OH 43236

American InfoSource LP P.O. Box 248838 Oklahoma City, OK 73124-8838

American Profit Recovery 34505 West 12 Mile Road Suite 333 Farmington, MI 48331

Americredit Financial Services dba GM Financial P.O. Box 182853 Arlington, TX 76096

Ascendium Education Solutions, Inc. P.O. Box 8961 Madison, WI 53708-8961

Atlas Acquisitions 294 Union St. Hackensack, NJ 07601

Capital One Bank P.O. Box 31293 Salt Lake City, UT 84131

Chamberlin College of Nursing 3005 Highland Pkwy Downers Grove, IL 60515

City of Cleveland Parking Violations Bureau P.O. Box 99939 Cleveland, OH 44199-0939

Cleveland State University Bursar's Office 2121 Euclid Avenue Cleveland, OH 44115

Cleveland State University c/o Keith D. Weiner & Assoc 1100 Superior Avenue East Suite 1100 Cleveland, OH 44114

Collection Associates P.O. Box 465 Brookfield, WI 53008

Comenity Bank/Ashley Stewart P.O. Box 182789 Columbus, OH 43218

Comenity Bank/NY & Co P.O. Box 182789 Columbus, OH 43218

Convergent Outsourcing P.O. Box 9004 Renton, WA 98057-9004

Craig W Relman, Esq 3401 Enterprise Parkway, Ste 210 Beachwood, OH 44122

Craig W Relman, Esq 23811 Chagrin Blvd, Ste 160 Beachwood, OH 44122

Craig W. Relman, Esq. 26851 Miles Rd. Suite 204 Cleveland, OH 44128

Credit Acceptance 25505 West 12 Mile Road #3000 Southfield, MI 48034

Credit One Bank P.O. Box 98872 Las Vegas, NV 89193

CSHFLW Properties 4 LLC 5005 Rockside Road Suite 600 Independence, OH 44131

Cuyahoga Community College c/o The Attorney General of Ohio P.O. Box 89471 Cleveland, OH 44101

Cuyahoga Community College c/o Christopher J. Klym 24441 Detroit Road Suite 300 Westlake, OH 44145

David Streeter 2 BEREA COMMONS, SUITE 200 Berea, OH 44017

DentalWorks
P.O. Box 64-3005
Cincinnati, OH 45264-3008

Dominion East Ohio P.O. Box 5759 Cleveland, OH 44101

Duke Capital, LLC/Ohio Acceptance Collections Associates P.O. Box 465 Brookfield, WI 53008

Enhanced Recovery P.O. Box 57547 Jacksonville, FL 32241

Euclid Municipal Court 585 East 222nd St. Euclid, OH 44123

Great American Finance 20 North Wacker Dr. Suite 2275 Chicago, IL 60606

Great Lakes Higher Education 2501 International P.O. Box 7859 Madison, WI 53704

Great Lakes Higher Education P.O. Box 8961 Madison, WI 53708

IC Systems Collections P.O. Box 64378 Saint Paul, MN 55164-0378

Illuminating Company 6896 Miller Rd.
Room 213
Brecksville, OH 44141

Kathryn H. Hogan, Esq. 204 East Market STreet Louisville, KY 40202

LVNV Funding P.O. Box 10584 Greenville, SC 29603-0584

MOHELA/Dept. of Education 633 Spirit Drive Chesterfield, MO 63005

MRS BPO 1930 Olney Avenue Cherry Hill, NJ 08003 National Credit Adjusters P.O. Box 3023 327 W. 4th St. Hutchinson, KS 67504-3023

Navy Federal Credit Union P.O. Box 3000 Merrifield, VA 22119-3700

Newburgh Heights Police Department Citations Processing Center P.O. Box 7200 Beverly, MA 01915

NPRTO Ohio LLC 256 W Data Drive Draper, UT 84020

Office of the Ohio Attorney General 150 E. Gay St. Columbus, OH 43215-3191

Ohio Attorney General P.O. Box 89471 Cleveland, OH 44101-6471

Ohio Department of Taxation ATTN: Bankruptcy Division P.O. Box 530 Columbus, OH 43266-0030

Plaza Services 110 Hammond Drive Atlanta, GA 30328

Portfolio Recovery 120 Corporate Blvd. Suite 100 Norfolk, VA 23502

Portfolio Recovery P.O. Box 12914 Norfolk, VA 23541

Premier Bankcard, LLC c/o Jefferson Capital Systems, LLC P.O. Box 7999 Saint Cloud, MN 56302

Realty Trust Services, LLC 29550 Detroit Road Suite 300 Westlake, OH 44145

Regional Acceptance P.O. Box 1847 Wilson, NC 27894-1847

Rushmore Service Center P.O. Box 5508 Sioux Falls, SD 57117

Security Credit Services 2623 W. Oxford Loop #108 Oxford, MS 38655

Spectrum P.O. Box 901 Carol Stream, IL 60132

Sprint KSOPHT0101-Z4300 6391 Sprint Parkway Overland Park, KS 66251-4300

Sprint Attn: Bankruptcy Attn: Bankruptcy P.O. Box 7949 Overland Park, KS 66207-0949

Sun Trust Bank/GLHEC 2401 International P.O. Box 7859 Madison, WI 53704

T-Mobile P.O. Box 742596 Cincinnati, OH 45274-2596 The Illuminating Company 5001 Nasa Blvd. Fairmont, WV 26554

The Metrohealth System P.O. Box 931703 Cleveland, OH 44193

Time Warner Cable - Northeast P.O. Box 901 Carol Stream, IL 60132

Transworld Systems 9525 Sweet Valley Drive Cleveland, OH 44125

Upstart/Finwise 2 Circle Star Way 2nd Floor San Carlos, CA 94070

Vanessa Scales 3256 West 25th Street Cleveland, OH 44109